



Chapter Board Member Nomination Form
2018-2020

Nominee Contact Information

Name: _____ Class Year: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Position/Title: _____

Business Address: _____

City, State, Zip: _____

Business Phone: _____

Preferred Email: _____ Secondary Email: _____

Nominee Qualifications

Professional Background: _____

Special Skills: _____

Education: _____

Additional Information: _____

Are you a member of the Alumni Association? Yes No

Nomination Submission

If you're interested in nominating yourself or another member, please sign and return this form to the Nominations Committee Chair at mmack1@elp.rr.com.

Additionally, please provide an interest statement and photo for the voter's guide. Some nominees may be asked to supply supplementary information. If applicable please contact the person you're nominating in advance of submitting the nomination form to determine their willingness to serve.

Nomination Submitted by: _____ Date: _____